

#3

Sector 18

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application of)

DAVID A. MONROE)

Serial No.: 09/374,136)

Filed: August 10, 1999)

METHOD AND APPARATUS FOR
SENDING AND RECEIVING
FACSIMILE TRANSMISSIONS
OVER A NON-TELEPHONIC
TRANSMISSION SYSTEM)CERTIFICATE OF EXPRESS MAIL

I hereby certify that this correspondence is being deposited with the United States Postal Service as Express Mail addressed to: COMMISSIONER OF PATENTS AND TRADEMARKS, Washington, D.C. 20231, this 10th day of September, 1999. The Express Mail No. is EL283353281US.

Judy Kruger
Judy Kruger

SUBMISSION OF MISSING PARTS

Commissioner of Patents and Trademarks
Box: APPLICATION BRANCH
Washington, D.C. 20231



Dear Sir:

Responsive to the Notice of Missing Parts dated August 12, 1999 (copy enclosed) enclosed is the Declaration and Verified Statement Claiming Small Entity Status for the above-identified application. A check in the amount of \$65.00 is enclosed for Surcharge Fee.

Also enclosed are checks in the amount of \$380.00 for the basic filing fee and \$39.00 for 1 independent claim over 3 as well as a Preliminary Amendment.

The Commissioner is hereby authorized to charge any additional fees or deficiency in payment for this application to Deposit Account No. 50-0259.

Respectfully submitted,

BRACEWELL & PATTERSON, L.L.P.

BY

Robert C. Curfiss
Reg. No. 26,540

9-10-99
DATE

BRACEWELL & PATTERSON, L.L.P.
711 Louisiana Street, Suite 2900
Houston, Texas 77002-2781
(713) 221-1430
Attorney Docket No. 058959.007010.0024



**UNITED STATES DEPARTMENT OF COMMERCE
Patent and Trademark Office**

Address: COMMISSIONER OF PATENTS AND TRADEMARKS
Washington, D.C. 20231

APPLICATION NUMBER	FILING/RECEIPT DATE	FIRST NAMED APPLICANT	ATTORNEY DOCKET NO./TITLE
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09/374,136 08/10/99 MONROE

D 58959.0024

ROBERT C CURFISS
BRACEWELL & PATTERSON LLP
SOUTH TOWER PENNZOIL PLACE
711 LOUISIANA STREET SUITE 2900
HOUSTON TX 77002

0242/0902



NOT ASSIGNED

2722

DATE MAILED:

09/02/99

NOTICE TO FILE MISSING PARTS OF APPLICATION
Filing Date Granted

An Application Number and Filing Date have been assigned to this application. The items indicated below, however, are missing. Applicant is given TWO MONTHS FROM THE DATE OF THIS NOTICE within which to file all required items and pay any fees required below to avoid abandonment. Extensions of time may be obtained by filing a petition accompanied by the extension fee under the provisions of 37 CFR 1.136(a). If any of items 1 or 3 through 5 are indicated as missing, the SURCHARGE set forth in 37 CFR 1.16(e) of \$65.00 for a small entity in compliance with 37 CFR 1.27, or \$130.00 for a non-small entity, must also be timely submitted in reply to this NOTICE to avoid abandonment.

If all required items on this form are filed within the period set above, the total amount owed by applicant as a
☐ small entity (statement filed) ☐ non-small entity is \$ 319.

☒ 1. The statutory basic filing fee is:

- ☐ missing.
☒ insufficient.

Applicant must submit \$ 380 to complete the basic filing fee and/or file a small entity statement claiming such status (37 CFR 1.27).

☒ 2. The following additional claims fees are due:

\$ _____ for _____ total claims over 20.

\$ 39 for 1 independent claims over 3.

\$ _____ for multiple dependent claim surcharge.

Applicant must either submit the additional claim fees or cancel additional claims for which fees are due.

☒ 3. The oath or declaration:

- ☒ is missing or unsigned.
☐ does not cover the newly submitted items.

An oath or declaration in compliance with 37 CFR 1.63, including residence information and identifying the application by the above Application Number and Filing Date is required.

☒ 4. The signature(s) to the oath or declaration is/are by a person other than inventor or person qualified under 37 CFR 1.42, 1.43 or 1.47.

A properly signed oath or declaration in compliance with 37 CFR 1.63, identifying the application by the above Application Number and Filing Date, is required.

☐ 5. The signature of the following joint inventor(s) is missing from the oath or declaration:

An oath or declaration in compliance with 37 CFR 1.63 listing the names of all inventors and signed by the omitted inventor(s), identifying this application by the above Application Number and Filing Date, is required.

☐ 6. A \$50.00 processing fee is required since your check was returned without payment (37 CFR 1.21(m)).

☐ 7. Your filing receipt was mailed in error because your check was returned without payment.

☐ 8. The application was filed in a language other than English.

Applicant must file a verified English translation of the application, the \$130.00 set forth in 37 CFR 1.17(k), unless previously submitted, and a statement that the translation is accurate (37 CFR 1.52(d)).

☐ 9. OTHER:

Direct the reply and any questions about this notice to "Attention: Box Missing Parts."

A copy of this notice MUST be returned with the reply.

Customer Service Center
Initial Patent Examination Division (703) 308-1202

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09/16/1999 HLE111 00000072 09374136 65.00 39.00 380.00
01 FC:205
02 FC:202
03 FC:299

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND										
1 Date of Request: <u>10-1</u>		2 Serial/Patent # <u>09/374136</u>								
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED							
<input checked="" type="checkbox"/> Filing			6 AMOUNT							
<input type="checkbox"/> Amendment			\$							
<input type="checkbox"/> Extension of Time			\$							
<input type="checkbox"/> Notice of Appeal/Appeal			\$							
<input type="checkbox"/> Petition			\$							
<input type="checkbox"/> Issue			\$							
<input type="checkbox"/> Cert of Correction/Terminal Disc.			\$							
<input type="checkbox"/> Maintenance			\$							
<input type="checkbox"/> Assignment			\$							
<input type="checkbox"/> Other			\$							
		7 TOTAL AMOUNT OF REFUND								
		\$ <u>39</u>								
8 TO BE REFUNDED BY:										
<input type="checkbox"/> Treasury Check										
<input checked="" type="checkbox"/> Credit Deposit A/C #:										
		9 <table border="1" style="display: inline-table; text-align: center; width: 150px;"> <tr> <td style="width: 20px;">5</td> <td style="width: 20px;">0</td> <td style="width: 20px;">--</td> <td style="width: 20px;">0</td> <td style="width: 20px;">2</td> <td style="width: 20px;">5</td> <td style="width: 20px;">9</td> </tr> </table>		5	0	--	0	2	5	9
5	0	--	0	2	5	9				
10 REASON: <u>\$39.00 CR</u>										
<input type="checkbox"/> Overpayment										
<input checked="" type="checkbox"/> Duplicate Payment										
No Fee Due (Explanation):										
<i>fee was not to be charged w/ surcharge</i>										
11 REFUND REQUESTED BY:										
TYPED/PRINTED NAME: <u>Loren Smith</u>		TITLE: <u>CIE</u>								
SIGNATURE: <u>Loren Smith</u>		PHONE: <u>-9482</u>								
OFFICE:										
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****										
APPROVED: _____		DATE: _____								

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

FORM PTO 1577
(01/90)

Office of Finance
Refund Branch
Crystal Park One, Room 802B
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